

APPLICATION SUMMARY REPORT

Agency Name	Program Title
Authorized Official Name and Address (include ZIP Code): Phone Number (include Area Code): Fax Number (include Area Code):	Project Director Name and Address (include ZIP Code): Phone Number (include Area Code): Fax Number (include Area Code):
Total Amount of VOCA Funds Requested \$ _____ Prorate the VOCA Funds Requested (give dollar amount and percentage) by types of victims to be served: (Please give your best estimates.) \$ _____ % Domestic Violence \$ _____ % Child Abuse \$ _____ % Sexual Assault \$ _____ % Underserved and Other (Identify the dollar amount and percentage for each type of victim of crime to be served) \$ _____ % _____ \$ _____ % _____	
Indicate the anticipated number of victims to be served by this VOCA funded project: <div style="float: right; text-align: right;"> _____ Total Victims of Crime _____ Hotline Calls (Not hotline calls) </div> If a domestic violence shelter, indicate the anticipated number of women and children to be served in shelter or outreach services, the number of anticipated hotline calls and the anticipated number of bednights. <div style="float: right; text-align: right;"> _____ Women _____ Children _____ Hotline Calls _____ Bednights </div>	
Geographic Area(s) to be served by this VOCA project:	
The requested VOCA funds will be used to: ____ Fund a New Project ____ Expand/Enhance an Existing Project ____ Continue a Previously Funded VOCA Project	
Give a brief summary of the services to be offered by this VOCA project. (Please type the description on this form.)	

